



PETITIONER
NAME &
ADDRESS

TOWN OF SEEKONK

PLANNING BOARD

LOCATION (from Assessors' Office)
PLAT AND
LOT NOS.

PRESENT
ZONING

DATE OF THIS
DOCUMENT

First Record Date
Planning Board Use Only

FILE:
TITLE:



FORM

**APPLICATION FOR APPROVAL
OF PARKING AND LOADING PLAN**

File two (2) completed copies of this application with the Planning Board along with five (5) copies of the plan, in accordance with the requirements of §10 of the Zoning By-Laws. Upon plan approval, two (2) copies of the endorsed plan will be returned to you, one (1) copy forwarded to the Inspector of Buildings, one (1) copy to Superintendent of Public Works, and one (1) copy retained in the Planning Board files. Additional copies may be requested by the Planning Board for forwarding to other departments where their involvement is indicated.

Filing Fee: The Fee for submission of parking plans for approval by the Planning Board is \$2.00 per parking and loading space (\$25.00 minimum fee) to be delivered to the Planning Board with the Application for Approval of Parking and Loading Plan and site plan.

TO THE PLANNING BOARD:

The undersigned being the responsible developer of the indicated property and the applicant for approval of the Parking and Loading Plan, herewith submits the accompanying plans in accordance with all requirements of Section 10 of the Seekonk Zoning By-Laws, and with requirements of §9.3, where applicable.

1. Plan title and date with revision dates.
2. Current Owner(s), if not applicant, and addresses. Applicant's evidence of ownership, Purchase & Sales Agreement, of Lease Agreement.
3. Who will assume final responsibility for maintenance of planned area.
4. Other related information:
 - a. Type of Business
 - b. Number of employees
 - c. Square footage of building
 - d. Dimensions
 - e. Seating capacity, if applicable
 - f. Lot lines
 - g. Zoning line, if applicable
5. Curb cut permit from State DPW, where applicable.

Received by Planning Board or Town Clerk

Signature of Applicant

Date: _____

Time: _____

Signature: _____

Payment Rec'd.: _____